

Michigan Dept. of Community Health Bureau of Health Policy, Planning & Access EMS and Trauma Systems Section 201 Townsend Street Lansing, Michigan 48913	MDCH USE ONLY	
	Received by Regional Coordinator: Date _____	
	Returned for Correction(s): _____	
	Corrections Received: _____	
	Date of Final Review: _____	
Regional Coordinator Signature: _____		
Approval # : _____ Region: _____		

NOTIFICATION OF INTENT TO CONDUCT A CONTINUING EDUCATION TOPIC

- ☐ For use by an Instructor Coordinator that is not approved as Initial Education Program Sponsor or EMS CE Program Sponsor
- ☐ For use by an approved Initial Education Program Sponsor offering continuing education credit that is not part of an Initial Education Course

This notification must be received by the Regional Coordinator at least 30 days prior to the start of the first class. This form with an original signature must be mailed to the Regional Coordinator of the region where the class will be held.

Failure to complete and submit this form as prescribed may result in an automatic disapproval. The Regional Coordinator will review your program and either return it for deficiencies or extend approval and forward it to MDCH.

Responsible IC must provide proof of attendance to each individual and maintain in records, a roster of those individuals who attended each CE session.

For further information, refer to the Standardized EMS CE Credit Guide "Approval Guidelines for Continuing Education Programs"

Program Sponsor			
Street Address			
City	State	Zip	County

Program Instructor Coordinator:

Name	Phone #	Phone #
Street Address	I/C#	---
City	State	Zip
		County

Are the Classes open to outside students: YES: _____ NO: _____ (If yes, classes will be listed on SWM website CE calendar) Identify any exceptions on back.
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Notification of cancellations or changes must be provided to the Regional Coordinator prior to their occurrence (if possible).

I affirm that all the information submitted in this notification is true and that all presentations will comply with MDCH requirements and will occur as outlined in this document. I understand that any misrepresentation of the information provided as part of this notification may result in non-approval or revocation of existing approval, or further action by MDCH.

Signature of I/C _____ Date _____

Along with this application, you must attach the following for each class (each date)

- Lesson plan including program content and learning objectives
- Sample certificate of attendance
- Name and qualifications of presenter
- Evaluation tools to be used (student evaluation of course content and presenter)

Practical means: supervised or critiqued hands-on practice or simulation achieving identified psychomotor objectives.

Category Code	EMS Provider Categories	Category Code	EMS Provider Categories	Category Code	Instructor/Coordinator Categories
1	Preparatory	5	Medical	10	Instructional Techniques
2	Airway Management and Ventilation	6	Special Considerations	11	Measurement and Evaluation
3	Patient Assessment	7	Operations	12	Educational Administration
4	Trauma				

CONTINUING EDUCATION PROGRAM SCHEDULE

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format	Number Hours	Number of Credits				
						Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
Sample	4	Spinal Injury/Backboarding	1/1/05	1-4p	Room 101 Lake Community College 123 Main St. Anywhere, MI	Lecture	1	1	1	1	1	0
						Practical (Hands-on or Skill)	2	2	2	2	2	0
1						Lecture						
						Practical (Hands-on or Skill)						
2						Lecture						
						Practical (Hands-on or Skill)						
3						Lecture						
						Practical (Hands-on or Skill)						
4						Lecture						
						Practical (Hands-on or Skill)						
5						Lecture						
						Practical (Hands-on or Skill)						
6						Lecture						
						Practical (Hands-on or Skill)						

For additional classes complete another form 202.

* Refer to Conversion Document for topics under each category.

Who should be listed in CE calendar to be contacted for questions about these classes (if other than IC listed on page one):

Name: _____ Contact Phone: _____

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format	Number Hours	Number of Credits				
						Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
7						Lecture						
						Practical (Hands-on or Skill)						
8						Lecture						
						Practical (Hands-on or Skill)						
9						Lecture						
						Practical (Hands-on or Skill)						
10						Lecture						
						Practical (Hands-on or Skill)						
11						Lecture						
						Practical (Hands-on or Skill)						
12						Lecture						
						Practical (Hands-on or Skill)						
13						Lecture						
						Practical (Hands-on or Skill)						
14						Lecture						
						Practical (Hands-on or Skill)						
15						Lecture						
						Practical (Hands-on or Skill)						
16						Lecture						
						Practical (Hands-on or Skill)						
17						Lecture						
						Practical (Hands-on or Skill)						
18						Lecture						
						Practical (Hands-on or Skill)						

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format	Number Hours	Number of Credits				
						Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
19						Lecture						
						Practical (Hands-on or Skill)						
20						Lecture						
						Practical (Hands-on or Skill)						
21						Lecture						
						Practical (Hands-on or Skill)						
22						Lecture						
						Practical (Hands-on or Skill)						
23						Lecture						
						Practical (Hands-on or Skill)						
24						Lecture						
						Practical (Hands-on or Skill)						
25						Lecture						
						Practical (Hands-on or Skill)						
26						Lecture						
						Practical (Hands-on or Skill)						
27						Lecture						
						Practical (Hands-on or Skill)						
28						Lecture						
						Practical (Hands-on or Skill)						
29						Lecture						
						Practical (Hands-on or Skill)						
30						Lecture						
						Practical (Hands-on or Skill)						